## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-31-2010</u>	Address:	RED OAK DR& HAWTHORN LI
Case #:	22-46841		KENDALLVILLE, IN.
County:	NOBLE		<u>46755</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
=	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other;</li></ul>
Items Found: Location (bedroom, lotchen, open air, etc)   (check all that apply)			
Yes _ No *If yes, fax re	er age 18 discovered (check one) (number present)  uport to Child Protective Services	☐ Ephedrin ☐ Retail/M ☑ Other: <u>N</u> /	_
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: KENDALLVILLE FD partment: NOBLE CO section Service:	Fax: <u>E-M/</u> Fax: <u>E-M/</u> Fax:	AILED
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.